We treat you like family.

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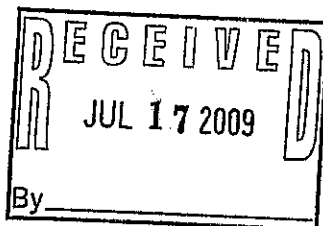
NORTHEASTERN
VERMONT REGIONAL
HOSPITAL

nvrh

July 14, 2009

Michael Hartman, Commissioner
State of Vermont, Dept of Mental Health
Office of the Commissioner
108 Cherry Street, PO Box 70
Burlington, VT 05402-0070

Dear Commissioner Hartman:

Thank you for your letter dated June 29, 2009 inviting Northeastern Vermont Regional
Hospital (NVRH) to respond to your " 'Request for Bids or Conceptual Proposals' for
psychiatric inpatient services as part of the Vermont State Hospital Futures project."
Your letter correctly points out that NVRH "is most interested in enhancing the
psychiatric services available in the regional area but was not proposing to create a
psychiatric inpatient programming capacity to replace Vermont State Hospital beds."
Nothing has changed with respect to our position regarding this matter. However, I do
want to be clear with you that because we are not pursuing a plan that would include
replacing Vermont State Hospital beds, that does not mean that "Northeastern Vermont
Regional Hospital indeed is not considering any expanded role in the psychiatric inpatient
care system."

As I stated briefly in testimony to the Legislative Committee on Mental Health Oversight
on June 30th, NVRH's main investment in strengthening mental health services in our
region is to integrate those services directly into the primary physician practices – be they
medical homes, Blueprint practices, rural health clinics or federally qualified health
centers. We have also invested considerably over the past several years in a Community
Connections program that links our practices and hospital to many of the surrounding
social support agencies, mental health providers and other health care providers. These
initiatives have achieved some pretty impressive results. How these programs affect
utilization of mental health services has yet to be closely examined, but should be. And,
this should be of great interest to you and to the Futures project team.

Other points I made during my brief time before the Oversight Committee included
observations that there appears to be great variation across the state in terms of how
psychiatric inpatient programs are accessed. Since Act 49, enacted as a result of this
most recent legislative session, encourages all of us to examine variation more closely as
part of a broader cost containment strategy, I would encourage your department to help
us all find reasons for why this variation exists, and what changes to our system might be
recommended as a result of your findings.

NVRH is using the current State Health Plan and the current Health Resource Allocation Plan (2009 version) and the recommendations in those documents to guide its strategic planning. Those documents strongly emphasize and recommend the types of actions we have been taking to strengthen mental health programs in the Northeast Kingdom. I am unaware of any other comprehensive master plan for the provision of mental health services, but if there is one, I would be most pleased to have you direct me to that plan. The Futures planning started with a focus on the "designated" hospitals in Vermont, and NVRH has never been central to that planning activity. That said, we are as committed to solutions to preventing and mitigating the scourge of mental health diseases as any of the designated organizations, and I am assuming our work will achieve results that will lift us all to a better place.

In sum, this letter merely scratches the surface of many of the strategic topics related to continuously improving the provision of mental health services in our service area and in our state. Therefore, even though you will not receive a Letter of Intent or a bid proposal or a conceptual proposal by July 20, 2009 at 4 PM, this does not mean that BISHCA will not hear from us in the future a proposal regarding inpatient or any other level of mental health services that is appropriately population-based and evidence-based.

Thank you for your service to Vermonters!

Sincerely,

Paul R. Bengtson, CEO

Cc: Senator Matt Choate
    Christine Oliver, Deputy Commissioner, Health Care Administration